PHA 5-Year and Annual Plan

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

1.0	PHA Fiscal Year Beginning: (MM/YYYY):	Performing 07/2012	X Standard	T 010 HCV (Section 8)		
2.0	Inventory (based on ACC units at time of F Number of PH units: 250	Y beginning	in 1.0 above) Number of HCV units:	508		
3.0	Submission Type X 5-Year and Annual Plan	Annual I	Plan Only	5-Year Plan Only		
4.0	PHA Consortia	HA Consorti	a: (Check box if submitting a join	nt Plan and complete table be		
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Unit Program PH	HCV
	PHA 1: PHA 2:					
5.0	PHA 3: 5-Year Plan. Complete items 5.1 and 5.2 or	alv at 5-Vear	Plan undate			
5.0	5-1 can Fran. Complete items 3.1 and 3.2 of	my at 3-1 car	rair update.			Addition
5.1	Mission. State the PHA's Mission for servi jurisdiction for the next five years: The mis Urban Development's: To promote adequate discrimination.	sion of the He	ousing Authority of the City of W	Villimantic is the same as the	e Department of	Housing and
5.2	Goals and Objectives. Identify the PHA's low-income, and extremely low-income fan and objectives described in the previous 5-1	nilies for the r	goals and objectives that will ena next five years. Include a report of	ble the PHA to serve the nee on the progress the PHA has	ds of low-incom made in meeting	ne and very g the goals
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have (b) Identify the specific location(s) where the elements, see Section 6.0 of the instruct	he public may ions. Willima	obtain copies of the 5-Year and antic Housing Authority Office, 4	Annual PHA Plan. For a co 49 West Avenue, Willimantion	e, CT 06226	
7.0	Hope VI, Mixed Finance Modernization of Programs, and Project-based Vouchers.	Include stater	nents related to these programs o	tion, Conversion of Public I as applicable.	Housing, Home	ownership
8.0	Capital Improvements. Please complete F					
8.1	Capital Fund Program Annual Statemen complete and submit the Capital Fund Program CFP grant and CFFP financing.	gram Annual .	Statement/Performance and Eval	luation Report, form HUD-50	0075.1, for each	current and
8.2	Capital Fund Program Five-Year Action Program Five-Year Action Plan, form HUL for a five year period). Large capital items	0-50075.2, an	d subsequent annual updates (on	a rolling basis, e.g., drop cur	and submit the rent year, and ac	Capital Fund dd latest year
8.3	Capital Fund Financing Program (CFFP Check if the PHA proposes to use any p finance capital improvements.	ortion of its C				
9.0	Housing Needs. Based on information pro data, make a reasonable effort to identify th the jurisdiction served by the PHA, includir other families who are on the public housin issues of affordability, supply, quality, acce	e housing nee ng elderly fam g and Section	ds of the low-income, very low- ilies, families with disabilities, a 8 tenant-based assistance waitin	income, and extremely low-ind households of various rac	ncome families researches and ethnic gr	who reside in oups, and

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5.0	5-Year Plan. Complete items 5.1 and 5.2 or	ny at 5- Year	Pian update.			AFI						
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5.2	low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.											
6.0	(a) Identify all PHA Plan elements that have (b) Identify the specific location(s) where the elements, see Section 6.0 of the instruct	he public may ions. Willima	obtain copies of the 5-Year and antic Housing Authority Office, 4	Annual PHA Plan. For a con 49 West Avenue, Willimantic	e, CT 06226							
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8.1	Capital Fund Program Annual Statemen complete and submit the Capital Fund Program CFP grant and CFFP financing.	gram Annual S	Statement/Performance and Eval	luation Report, form HUD-50	075.1, for each	current and						
8.2	Capital Fund Program Five-Year Action Program Five-Year Action Plan, form HUL for a five year period). Large capital items	0-50075.2, and	d subsequent annual updates (on	a rolling basis, e.g., drop cur	and submit the rent year, and ac	Capital Fund dd latest year						
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9.0	Housing Needs. Based on information prodata, make a reasonable effort to identify the jurisdiction served by the PHA, includir other families who are on the public housing issues of affordability, supply, quality, acce	e housing nee ng elderly fam g and Section	ds of the low-income, very low- illies, families with disabilities, a 8 tenant-based assistance waitin	income, and extremely low-ind households of various rac	ncome families or es and ethnic gre	who reside in oups, and						

- 9.1 Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.
 10.0 Additional Information. Describe the following, as well as any additional information HUD has requested.
 (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.
 (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"
- 11.0 Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.
 - (a) Form HUD-50077, PHA Certifications of Compliance with the PHA Plans and Related Regulations (which includes all certifications relating to Civil Rights)
 - (b) Form HUD-50070, Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)
 - (c) Form HUD-50071, Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)
 - (d) Form SF-LLL, Disclosure of Lobbying Activities (PHAs receiving CFP grants only)
 - (e) Form SF-LLL-A, Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)
 - (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.
 - (g) Challenged Elements
 - (h) Form HUD-50075.1, Capital Fund Program Annual Statement/Performance and Evaluation Report (PHAs receiving CFP grants only)
 - (i) Form HUD-50075.2, Capital Fund Program Five-Year Action Plan (PHAs receiving CFP grants only)

6.0: PHA PLAN ELEMENTS

- 1. ELIGIBILITY, SELECTION AND ADMISSIONS POLICIES, INCLUDING DECONCENTRATION AND WAIT LIST PROCEDURES. - NO REVISION.
- FINANCIAL RESOURCES. --- REVISED.
- 3. RENT DETERMINATION. - NO REVISION.
- 4. OPERATION AND MANAGEMENT. - NO REVISION.
- 5. GRIEVANCE PROCEDURES. - NO REVISION.
- 6. DESIGNATED HOUSING FOR ELDERLY AND DISABLED FAMILIES. - NO REVISION.
- COMMUNITY SERVICE AND SELF-SUFFICIENCY. - NO REVISION.
- 8. SAFETY AND CRIME PREVENTION. - NO REVISION.
- PETS. - NO REVISION.
- 10. CIVIL RIGHTS CERTIFICATION. - NO REVISION.
- 11. FISCAL YEAR AUDIT. - REVISED.
- 12. ASSET MANAGEMENT. - NO REVISION.
- 13. VIOLENCE AGAINST WOMEN ACT, (VAWA). - NO REVISION (REVISED AS INDICATED BELOW IN PRIOR YEAR).

ADDITIONS TO THE ACOP:

24.0 PROHIBITION AGAINST TERMINATING TENANCY OF VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, AND STALKING.

THE VIOLENCE AGAINST WOMEN REAUTHORIZATION ACT OF 2005 (VAWA), PROVIDES THAT "CRIMINAL ACTIVITY DIRECTLY RELATING TO DOMESTIC VIOLENCE, DATING VIOLENCE, OR STALKING, ENGAGED IN BY A MEMBER OF A TENANT'S HOUSEHOLD OR ANY GUEST OR OTHER PERSON UNDER THE TENANT'S CONTROL, SHALL NOT BE CAUSE FOR TERMINATION OF THE TENANCY OR OCCUPANCY RIGHTS, IF THE TENANT OR IMMEDIATE FAMILY MEMBER OF THE TENANT'S FAMILY IS THE VICTIM OR THREATENED VICTIM OF THAT ABUSE.

VAWA FURTHER PROVIDES THAT INCIDENTS OF ACTUAL OR THREATENED DOMESTIC VIOLENCE, DATING VIOLENCE, OR STALKING MAY NOT BE CONSTRUED EITHER AS SERIOUS OR REPEATED VIOLATIONS OF THE LEASE BYTHE VICTIM OF SUCH VIOLENCE. VAWA DOES NOT LIMIT HOUSING AUTHORITIES POWER TO TERMINATE THE TENANCY OF ANY TENANT IF THE HOUSING AUTHORITIES CAN DEMONSTRATE AN ACTUAL AND IMMINENT THREAT TO OTHER TENANTS OR THOSE EMPLOYED AT OR PROVIDING SERVICES TO THE PROPERTY.

24.1 TERMINATING OR EVICTING A PERPETRATOR OF DOMESTIC VIOLENCE.

WHEN THE ACTIONS OF A TENANT OR OTHER FAMILY MEMBER RESULT IN A DETERMINATION BY WHA TO TERMINATE THE FAMILY'S LEASE AND ANOTHER FAMILY MEMBER CLAIMS THAT THE ACTIONS INVOLVE CRIMINAL ACTS OF PHYSICAL VIOLENCE AGAINST FAMILY MEMBERS OR OTHERS, WHA WILL REQUEST THAT THE VICTIM SUBMIT A CERTIFICATION AND SUPPORTING DOCUMENTATION WITHIN 14 DAYS. IF THE CERTIFICATION AND SUPPORTING DOCUMENTATION ARE SUBMITTED WITHIN THE REQUIRED TIME FRAME OR ANY APPROVED EXTENSION PERIOD, WHA MAY BIFURCATE THE LEASE AND EVICT OR TERMINATE THE OCCUPANCY RIGHTS OF THE PERPETRATOR. IF THE VICTIM DOES NOT PROVIDE THE CERTIFICATION AND SUPPORTING DOCUMENTATION, AS REQUIRED, THE WHA MAY PROCEED WITH TERMINATION OF THE FAMILY'S LEASE. IF WHA CAN DEMONSTRATE AN ACTUAL AND IMMINENT THREAT TO OTHER TENANTS OF THOSE EMPLOYED AT OR PROVIDING SERVICE TO THE PROPERTY IF THE TENANT'S TENANCY IS NOT TERMINATED, WHA MAY BYPASS THE STANDARD PROCESS AND PROCEED WITH THE IMMEDIATE TERMINATION OF THE FAMILY.

24.2 WHA CONFIDENTIALITY REQUIREMENTS

ALL INFORMATION PROVIDED TO WHA REGARDING DOMESTIC VIOLENCE, DATING VIOLENCE, OR STALKING, INCLUDING THE FACT THAT AN INDIVIDUAL IS A VICTIM OF SUCH VIOLENCE OR STALKING, MUST BE RETAINED IN CONFIDENCE AND MAY NEITHER BE ENTERED INTO ANY SHARED DATA BASE NOR PROVIDED TO ANY RELATED ENTITY, EXCEPT TO THE EXTENT THAT THE DISCLOSURE (A) IS REQUESTED OR CONSENTED TO BY THE

INDIVIDUAL IN WRITING, (B) IS REQUIRED FOR USE IN AN EVICTION PROCEEDING, OR (C) IS OTHERWISE REQUIRED BY APPLICABLE LAW.

ADDITIONS TO THE SECTION 8 ADMINISTATIVE PLAN:

15.1 TERMINATING THE ASSISTANCE FOR DOMESTIC VIOLENCE, DATING VIOLENCE, OR STALKING VICTIMS AND PERPETRATORS.

THE VIOLENCE AGAINST WOMEN REAUTHORIZATION ACT OF 2005, (VAWA) PROVIDES THAT "CRIMINAL ACTIVITY DIRECTLY RELATING TO DOMESTIC VIOLENCE, DATING VIOLENCE, OR STALKING, ENGAGED IN BY A MEMBER OF THE TENANT'S HOUSEHOLD OR ANY GUEST OR OTHER PERSON UNDER THE TENANT'S CONTROL SHALL NOT BE A CAUSE FOR TERMINATION OF ASSISTANCE, TENANCY, OR OCCUPANCY RIGHTS IF THE TENANT OR AN IMMEDIATE MEMBER OF THE TENANT'S FAMILY IS THE VICTIM OR THREATENED VICTIM OF THAT DOMESTIC VIOLENCE, DATING VIOLENCE, OR STALKING." VAWA ALSO GIVES PHAS THE AUTHORITY TO "TERMINATE ASSISTANCE TO ANY INDIVIDUAL WHO IS A TENANT OR LAWFUL OCCUPANT AND WHO ENGAGES IN CRIMINAL ACTS OF PHYSICAL VIOLENCE AGAINST FAMILY MEMBERS OR OTHERS, WITHOUT EVICTING, REMOVING, TERMINATING ASSISTANCE TO, OR OTHERWISE PENALIZING THE VICTIM OF SUCH VIOLENCE WHO IS ALSO A TENANT OR LAWFUL OCCUPANT." VAWA DOES NOT LIMIT THE AUTHORITY OF THE PHA TO TERMINATE THE ASSISTANCE OF ANY PARTICIPANT IF THE PHA "CAN DEMONSTRATE AN ACTUAL AND IMMINENT THREAT TO OTHER TENANTS OR THOSE EMPLOYED AT OR PROVIDING SERVICE TO THE PROPERTY IF THAT TENANT IS NOT EVICTED OR TERMINATED FROM ASSISTANCE.

VICTIM DOCUMENTATION

WHEN A PARTICIPANT FAMILY IS FACING ASSISTANCE TERMINATION BECAUSE OF THE ACTIONS OF A PARTICIPANT, HOUSEHOLD MEMBER, GUEST, OR OTHER PERSON UNDER THE PARTICIPANT'S CONTROL AND A PARTICIPANT OR IMMEDIATE FAMILY MEMBER OF THE PARTICIPANT'S FAMILY CLAIMS THAT SHE OR HE IS THE VICTIM OF SUCH ACTIONS AND THAT THE ACTIONS ARE RELATED TO DOMESTIC VIOLENCE, DATING VIOLENCE, OR STALKING, THE PHA WILL REQUIRE THE INDIVIDUAL TO SUBMIT DOCUMENTATION AFFIRMING THAT CLAIM.

THE DOCUMENTATION MUST INCLUDE TWO ELEMENTS:

- A WRITTEN CERTIFICATION BY THE VICTIM THAT PROVIDES THE NAME OF THE PERPETRATOR AND CERTIFIES THAT THE INCIDENTS IN QUESTION ARE BONA FIDE INCIDENTS OF ACTUAL OR THREATENED DOMESTIC VIOLENCE, DATING VIOLENCE, OR STALKING, AND
- 2. ONE OF THE FOLLOWING:

A POLICE OR COURT RECORD DOCUMENTING THE ACTUAL OR THREATENED ABUSE, OR A STATEMENT SIGNED BY AN EMPLOYEE, AGENT, OR VOLUNTEER OR A VICTIM SERVICE PROVIDER; AN ATTORNEY; A MEDICAL PROFESSIONAL; OR ANOTHER KNOWLEDGEABLE PROFESSIONAL FROM WHO THE VICTIM HAS SOUGHT ASSISTANCE IN ADDRESSING THE ACTUAL OR THREATENED ABUSE. THE PROFESSIONAL MUST ATTEST UNDER PENALTY OR PERJURY THAT THE INCIDENTS IN QUESTION ARE BONA FIDE INCIDENTS OF ABUSE, AND THE VICTIM MUST SIGN OR ATTEST TO THE STATEMENT.

THE REQUIRED CERTIFICATION AND SUPPORTING DOCUMENTATION MUST BE SUBMITTED TO THE PHA WITHIN 14 DAYS AFTER THE WHA ISSUES THEIR WRITTEN REQUEST. THE 14-DAY DEADLINE MAY BE EXTENDED AT THE WHA'S DISCRETION. IF THE INDIVIDUAL DOES NOT PROVIDE THE REQURIED CERTIFICATION AND SUPPORTING DOCUMENTATION WITHIN 14 DAYS, OR THE APPROVED EXTENSION PERIOD, THE WHA MAY PROCEED WITH ASSISTANCE TERMINATION. IF THE WHA CAN DEMONSTRATE AN ACTUAL AND IMMINENT THREAT TO OTHER PARTICIPANTS OR THOSE EMPLOYED AT OR PROVIDING SERVICE TO THE PROPERTY IF THE PARTICIPANT'S TENANCY IS NOT TERMINATED, THE WHA WILL BYPASS THE STANDARD PROCESS AND PROCEED WITH THE IMMEDIATE TERMINATION OF THE FAMILY'S ASSISTANCE.

TERMINATING THE ASSISTANCE OF A DOMESTIC VIOLENCE PERPETRATOR

ALTHOUGH VAWA PROVIDES ASSISTANCE TERMINATION PROTECTION FOR VICTIMS OF DOMESTIC VIOLENCE, IT DOES NOT PROVIDE PROTECTION FOR PERPETRATORS. VAWA GIVES THE WHA THE EXPLICIT AUTHORITY TO "TERMINATE ASSISTANCE TO ANY INDIVIDUAL WHO IS A TENANT OR LAWFUL OCCUPANT AND WHO ENGAGES INCRIMINAL ACTS OF PHSICAL VIOLENCE AGAINST FAMILY MEMBERS OR OTHERS WITHOUT TERMINATING ASSISTANCE TO, OR OTHERWISE PENALIZING THE VICTIM OF SUCH VIOLENCE WHO IS ALSO A TENANT OR LAWFUL OCCUPANT." THIS AUTHORITY SUPERSEDES ANY LOCAL, STATE, OR OTHER FEDERAL LAW TO THE CONTRARY. HOWEVER, IF THE PHA CHOOSES TO EXERCISE THIS AUTHORITY, IT MUST FOLLOW ANY PROCEDURES PRESCRIBED BY HUD OR BY APPLICABLE LOCAL, STATE, OR FEDERAL LAW REGARDING TERMINATION OF ASSISTANCE.

WHEN THE ACTIONS OF A PARTICIPANT OR OTHER FAMILY MEMBER RESULT IN A WHA DECISION TO TERMINATE THE FAMILY'S ASSISTANCE AND ANOTHER FAMILY MEMBER CLAIMS THAT THE ACTIONS INVOLVE CRIMINAL ACTS

OF PHYSICAL VIOLENCE AGAINST FAMILY MEMBERS OR OTHERS, THE WHA WILL REQUEST THAT THE VICTIM SUBMIT THE ABOVE REQUIRED CERTIFICATION AND SUPPORTING DOCUMENTATION IN ACCORDANCE WITH THE STATED TIME FRAME. IF THE CERTIFICATION AND SUPPORTING DOCUMENTATION ARE SUBMITTED WITHIN THE REQUIRED TIME FRAME, OR ANY APPROVED EXTENSION PERIOD, THE PHA WILL TERMINATE THE PERPETRATIOR'S ASSISTANCE. IF THE VICTIM DOES NOT PROVIDE THE CERTIFICATION AND SUPPORTING DOCUMENTATION, AS REQUIRED, THE PHA WILL PROCEED WITH TERMINATION OF THE FAMILY'S ASSISTANCE.

IF THE WHA CAN DEMONSTRATE AN ACTUAL AND IMMINENT THREAT TO OTHER TENANTS OR THOSE EMPLOYED OR PROVIDING SERVICE TO THE PROPERTY IF THE PARTICIPANT'S TENANT IS NOT TERMINATED, THE WHA WILL BYPASSS THE STANDARD PROCESS AND PROCEED WITH THE IMMEDIATE TERMINATION OR THE FAMILY'S ASSISTANCE.

WHA CONFIDENTIALITY REQUIREMENTS

ALL INFORMATION PROVIDED TO THE WHA REGARDING DOMESTIC VIOLENCE, DATING VIOLENCE, OR STALKING, INCLUDING THE FACT THAT AN INDIVIDUAL IS A VICTIM OF SUCH VIOLENCE OR STALKING, MUST BE RETAINED IN CONFIDENCE AND MAY NEITHER BE ENTERED INTO ANY SHARED DATA BASE NOR PROVIDED TO ANY RELATED IDENTITY, EXCEPT TO THE EXTENT THAT THE DISCLOSRE (A) IS REQUESTED OR CONSENTED TO BY THE INDIVIDUAL IN WRITING, (B) IS REQUIRED FOR USE IN AN EVICTION PROCEEDING, OR (C) IS OTHERWISE REQUIRED BY AN APPLICABLE LAW.

16.4 NOTIFICATION REGARDING APPLICABLE PROVISIONS OF THE VIOLENCE AGAINST WOMEN REAUTHORIZATION ACT OF 2005 (VAWA)

NOTIFICATION TO PARTICIPANTS

VAWA REQUIRES PHAS TO NOTIFY PROGRAM PARTICIPANTS OF THEIR RIGHTS UNDER THIS LAW, INCLUDING THEIR RIGHT TO CONFIDENTIALITY AND THE LIMITS THEREOF.

THE WHA WILL PROVIDE ALL PARTICIPANTS WITH NOTIFICATION OF THEIR PROTECTIONS AND RIGHTS UNDER THE VAWA AT THE TIME OF ADMISSION AND AT ANNUAL REEXAMINATION. THE NOTICE WILL EXPLAIN THE PROTECTIONS AFFORDED UNDER THE LAW, INFORM THE PARTICIPANT OF THE WHA CONFIDENTIALITY REQUIREMENTS. THE WHA WILL ALSO INCLUDE IN ALL ASSISTANCE TERMINATION NOTICES A STATEMENT EXPLAINING ASSISTANCE TERMINATION PROTECTION PROVIDED BY VAWA.

NOTIFICATION TO OWNERS AND MANAGERS

VAWA REQUIRES PHAS TO NOTIFY OWNERS AND MANAGERS OF THEIR RIGHTS AND RESPONSIBILITIES UNDER THIS LAW.

THE WHA WILL INFORM PROPERTY OWNERS AND MANAGERS OF THEIR SCREENING AND TERMINATION RESPONSIBILITIES RELATED TO VAWA. THE WHA MAY UTILIZE ANY OR ALL OF THE FOLLOWING MEANS TO NOTIFY OWNERS OF THEIR VAWA RESPONSIBILITIES:

- 1. AS APPROPRIATE IN DAY TO DAY INTERACTIONS WITH OWNERS AND MANAGERS.
- 2. INSERTS IN HQS INSPECTION NOTICES, HAP PAYMENTS, 1099S, NEWSLETTERS, OR MAILINGS WHICH MAY INCLUDE MODES VAWA CERTIFICATION FORMS.

Statement of Financial Resources [24 CFR Part 903.12 (b), 903.7 (c)]

	ancial Resources:	
	ed Sources and Uses	Planned Uses
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2010 grants)	700 410	
a) Public Housing Operating Fund	728,419	
b) Public Housing Capital Fund	295,782	
c) HOPE VI Revitalization	N/A	
d) HOPE VI Demolition	N/A	
e) Annual Contributions for Section 8 Tenant-Based Assistance	2,567,628	
f) Resident Opportunity and Self- Sufficiency Grants	N/A	
g) Community Development Block Grant	N/A	
h) HOME	N/A	
Other Federal Grants (list below)		
2. Prior Year Federal Grants (unobligated funds only) (list below)		
3. Public Housing Dwelling Rental Income	859,812	
4. Other income (list below)		
4. Non-federal sources (list below)		
	4,451,641	

9.0 HOUSING NEEDS OF FAMILIES IN THE JURISDICTION SERVED BY WILLIMANTIC HOUSING AUTHORITY

	Housing	Needs of	Families Family T		risdiction		
Family Type	Overall	Afford- ability	Supply	Quality	Access- ibility	Size	Loca- tion
Income <= 30% of AMI	1886	5	5	4	4	2	2
Income >30% but <=50% of AMI	1410	4	5	4	4	2	2
Income >50% but <80% of AMI	1702	3	3	3	3	2	2
Elderly	1133	4	4	3	4	2	2

9.1 STRATEGY FOR ADDRESSING HOUSING NEEDS.

STRATEGY 1. SHORTAGE OF AFFORDABLE HOUSING FOR ALL ELIGIBLE POPULATIONS.

- EMPLOY EFFECTIVE MAINTENANCE AND MANAGEMENT POLICIES TO MINIMIZE THE NUMBER OF PUBLIC HOUSING UNITS
 OFF-I INF.
- REDUCE TURNOVER TIME FOR VACATED PUBLIC HOUSING UNITS
- REDUCE TIME TO RENOVATE PUBLIC HOUSING UNITS.
- MAINTAIN OR INCREASE SECTION 8 LEASE-UP RATES BY ESTABLISHING PAYMENT STANDARDS THAT WILL ENABLE FAMILIES TO RENT THROUGHOUT THE JURISDICTION.
- MAINTAIN OR INCREASE SECTION 8 LEASE-UP RATES BY MARKETING THE PROGRAM TO OWNERS, PARTICULARLY THOSE OUTSIDE OF AREAS OF MINORITY AND POVERTY CONCENTRATION.
- MAINTAIN OR INCREASE SECTION 8 LEASE-UP RATES BY EFFECTIVELY SCREENING SECTION 8 APPLICANTS TO INCREASE OWNER ACCEPTANCE OF PROGRAM.

STRATEGY 2. INCREASE THE NUMBER OF AFFORDABLE HOUSING UNITS BY:

- APPLY FOR ADDITIONAL SECTION 8 UNITS SHOULD THEY BECOME AVAILABLE.
- PURSUE HOUSING RESOURCES OTHER THAN PUBLIC HOUSING OR SECTION 8 TENANT BASED ASSISTANCE

STRATEGY 3. TARGET AVAILABLE ASSISTANCE TO FAMILIES AT OR BELOW 30% OF THE AMI

- EXCEED HUD FEDERAL TARGETING REQUIREMENTS FOR FAMILIES AT OR BELOW 30% OF AMI IN PUBLIC HOUSING.
- EXCEED HUD FEDERAL TARGETING REQUIREMENTS FOR FAMILIES AT OR BELOW 30% OF AMI IN TENANT BASED SECTION 8 ASSISTANCE
- ADOPT RENT POLICIES TO SUPPORT AND ENCOURAGE WORK.

STRATEGY 4. TARGET AVAILABLE ASSISTANCE TO FAMILIES AT OR BELOW 50% OF AMI.

EMPLOY ADMISSIONS PREFERENCES AIMED AT FAMILIES WHO ARE WORKING.

STRATEGY 5. TARGET AVAILABLE ASSISTANCE TO FAMILIES WITH DISABILITIES.

- CARRY OUT THE MODIFICATIONS NEEDED IN PUBLIC HOUSING ABASED ON THE SECTION 504 NEEDS ASSESSMENT FOR PUBLIC HOUSING.
- APPLY FOR SPECIAL PURPOSE VOUCHERS TARGETED TO FAMILIES WITH DISABILITIES, SHOULD THEY BECOME AVAILABLE.

STRATEGY 6. INCREASE AWARENESS OF PHA RESOURCES AMOUNG FAMILIES OF RACES AND ETHNICITIES WITH DISPROPORTIONATE NEEDS.

AFFIRMATIVELY MARKET TO RACES/ETHNICITIES SHOWN TO HAVE DISPROPORTIONATE HOUSING NEEDS.

STRATEGY 7. CONDUCT ACTIVITIES TO AFFIRMATIVELY FURTHER FAIR HOUSING.

- COUNSEL SECTION 8 TENANTS AS TO LOCATION OF UNITS OUTSIDE OF AREAS OF POVERTY OR MINORITY CONCENTRATION AND ASSIST THEM TO LOCATE THOSE UNITS.
- MARKET THE SECTION 8 PROGRAM TO OWNERS OUTSIDE OF AREAS OF POVERTY/MINORITY CONCENTRATIONS.

10.B SIGNIFICANT AMENDMENT AND SUBSTANTIAL DEVIATION/MODIFICATION.

SUBSTANTIAL DEVIATIONS OR SIGNIFICANT AMENDMENTS OR MODIFICATIONS ARE DEFINED AS DISCRETIONARY CHANGES IN THE PLANS OR POLICIES OF THE HOUSING AUTHORITY OF THE CITY OF WILLIMANTIC THAT FUNDAMENTALLY CHANGE THE MISSION, GOALS, OBJECTIVES, OR PLANS OF THE AGENCY AND WHICH REQUIRE FORMAL APPROVAL OF THE BOARD OF COMMISSIONERS.

11.F. RESIDENT ADVISORY BOARD (RAB) COMMENTS.

THE WILLIMANTIC HOUSING AUTHORITY DID NOT RECEIVE ANY COMMENTS ON THE PHA PLAN FROM THE RESIDENT ADVISORY BOARD.

11.G. CHALLENGED ELEMENTS.

THERE WERE NO ELEMENTS WITHIN THE WILLIMANTIC HOUSING AUTHORITY'S PLAN THAT WERE CHALLENGED BY RESIDENTS, STAFF, BOARD OF COMMISSIONERS OR THE GENERAL PUBLIC.

11 H & I. SEE ATTACHMENTS.

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 8/31/2011

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Annual Statement/Performance and Evaluation Report Capital Fund Financing Program

Part I: Summary	ummary					
PHA Name:	ie:	Grant Type and Number	0501-09			FFY of Grant: 2009 FFY of Grant Approval:
Willimant	Willimantic Housing Authority	Replacement Housing Factor Grant No: Date of CFFP:	0-100			
Type of Grant Original A X Performanc	ype of Grant Original Annual Statement Performance and Evaluation Report	Type of Grant ☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies X Performance and Evaluation Report for Period Ending: 3/31/2012		Revised Annual Statement (revision no: 	nent (revision no:) Evaluation Report	
Line	Summary by Development Account	Account		Total Estimated Cost		Total Actual Cost 1
			Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³	xceed 20% of line 21) 3				
3	1408 Management Improvements	nents				
4	1410 Administration (may not exceed 10% of line 21)	ot exceed 10% of line 21)	35000		35000	35000
5	1411 Audit	r				
9	1415 Liquidated Damages					
7	1430 Fees and Costs					
∞	1440 Site Acquisition			D		
6	1450 Site Improvement					
10	1460 Dwelling Structures			*		
111	1465.1 Dwelling Equipment—Nonexpendable	t—Nonexpendable	320963		320963	303368.72
12	1470 Non-dwelling Structures	es				0
13	1475 Non-dwelling Equipment	ent	30000		30000	29103.95
14	1485 Demolition					
15	1492 Moving to Work Demonstration	onstration				
16	1495.1 Relocation Costs					
17	1499 Development Activities 4	55.4				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Annual Statement/Performance and Evaluation Report Capital Fund Financing Program

Office of Public and Indian Housing
OMB No. 2577-0226
Expires 08/31/2011 U.S. Department of Housing and Urban Development

				Fotal Actual Cost ¹	Expended					367475.73					0	Date
	FFY of Grant: 2009 FFY of Grant Approval:		Keylsed Annual Statement (revision no:	Total	Obligated					385963						Director
	FFY 0 FFY 0	D origon	N evised A	Total Estimated Cost	Revised 2							8				Signature of Public Housing Director
			ાલાલ્ડ	Total Es	Original					385963						3/28/17
	Grant Type and Number Capital Fund Program Grant No: CT26P010501-09 Replacement Housing Factor Grant No: Date of CFFP:		al Statement Reserve for Disasters/Emergencies	A. Periormance and Evaluation Report for Period Edding: 3/31/2012 Line Summary by Development Account	ignature and the second	1501 Collateralization or Debt Service paid by the PHA	9000 Collateralization or Debt Service paid Via System of Direct Payment	()C oull by /00 become for more immediately	1302 Contingency (may not exceed 676 of nife 20)	Amount of Annual Grant:: (sum of lines 2 - 19)	Amount of line 20 Related to LBP Activities	Amount of line 20 Related to Section 504 Activities	Amount of line 20 Related to Security - Soft Costs	Amount of line 20 Related to Security - Hard Costs	Amount of line 20 Related to Energy Conservation Measures	ecutive Director
Part I: Summary	PHA Name: Willimantic Housing Authority	Type of Grant	V P. C.	I ine Summar		18a 1501 Col	18ba 9000 Col		1302 (0)	20 Amount	21 Amount	22 Amount	23 Amount	24 Amount	25 Amount	Signature of Executive Director

¹ To be completed for the Performance and Evaluation Report.
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⁴ RHF funds shall be included here.

Expires 08/31/2011

Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

Part II: Supporting Pages						id id		
PHA Name: Willimantic Housing Authority	Housing Authority	Grant Type and Number Capital Fund Program Grant No: CT26P010501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:	: CT26P010501-	60-	Federal F	Federal FFY of Grant: 2009	60	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	ited Cost	Total Actual Cost	Sost	Status of Work
				Original	Revised 1	Funds Obligated ²	Funds Expended ²	
PHA WIDE	AMINISTRATION	1410		35000		35000	35000	COMPLETE
CT-010-001	PICK UP TRUCK WITH PLOW	1475	1	30000	0	0	0	MOVED TO 1410
CT-010-002	ELEVATOR UPGRADE, PHASE II	1465		87064	46685.13	46685.13	46685.13	COMPLETE
CT-010-002	PHOTOVOLTAIC SYSTEM	1465		00008	51630.90	51630.90	51630.90	COMPLETE
CT-010-005	ELEVATOR UPGRADE	1465		66888	0	0	0	COMPLETE, MOVE TO 908
CT-010-002/5	ENERGY EFFICIENT REFRIGERATORS	1465	150	0	52649.75	52649.75	52649.75	COMPLETE, FROM 908
CT-010-001	EMERGENCY HEAT PIPE REPAIRS	1465		0	152403	152403	152403	COMPLETE
CT-010-002	EMERGENCY GENERATOR	1465		65000	18490.27	18490.27	18490.27	IN PROGRESS
Y								
V								

 $^{^1\,{\}rm To}$ be completed for the Performance and Evaluation Report or a Revised Annual Statement. $^2\,{\rm To}$ be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226

> Capital Fund Program, Capital Fund Program Replacement Housing Factor and Annual Statement/Performance and Evaluation Report Capital Fund Financing Program

PHA Name: Willimantic	Fart 1: Summary PHA Name: Willimantic Housing Authority	Grant Type and Number Capital Fund Program Grant No: CT26P010501-10 Replacement Housing Factor Grant No: Date of CFFP:	010501-10				FFY	FFY of Grant: 2010 FFY of Grant Approval:
Type of Grant ☐ Original A. X. Performance	Yype of Grant ☐ Original Annual Statement K Performance and Evaluation Report f	Type of Grant ☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies X Performance and Evaluation Report for Period Ending: 3/31/2012			Revised Annual Statement (revision no: Trinal Performance and Evaluation Report	revision no: luation Report		
Line	Summary by Development Account	Account		Total Estimated Cost	ated Cost		Total Actual Cost 1	ıal Cost 1
			Original	I	Revised ²	Obligated		Expended
	Total non-CFP Funds							
	1406 Operations (may not exceed 20% of line 21) ³	seed 20% of line 21) 3	30000		30000	30000		30000
	1408 Management Improvements	ents						
	1410 Administration (may not exceed 10% of line 21)	t exceed 10% of line 21)	20000		20000	20000		20000
	1411 Audit							
	1415 Liquidated Damages							
	1430 Fees and Costs							
	1440 Site Acquisition	, , , , , , , , , , , , , , , , , , ,						
	1450 Site Improvement		0		110000	0		0
	1460 Dwelling Structures							
	1465.1 Dwelling Equipment—Nonexpendable	-Nonexpendable	335418		193300	0		0
	1470 Non-dwelling Structures	S						
	1475 Non-dwelling Equipment	nt				2	V	
	1485 Demolition							
	1492 Moving to Work Demonstration	nstration						
	1495.1 Relocation Costs							
	1499 Development Activities 4	4		9				

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OMB No. 2577-0226
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Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

Part I: Summary	ımmary				
PHA Name: Willmantic Housing Authority	Grant Type and Number Capital Fund Program Grant No: CT26P010501-10 Replacement Housing Factor Grant No: Date of CFFP:		FFY	FFY of Grant Approval:	
Type of Grant	ant				
	Original Annual Statement	90	☐ Revised	☐ Revised Annual Statement (revision no:	
X Perfe	Performance and Evaluation Report for Period Ending: 3/31/2012			☐ Final Performance and Evaluation Report	ort
Line	Summary by Development Account	Total Esti	Total Estimated Cost	Total	Total Actual Cost 1
		Original	Revised 2	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				L
18ba	9000 Collateralization or Debt Service paid Via System of Direct				
	rayment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	385418	3533300	20000	20000
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities		<i>b</i>		
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures	30000	110000	0	0
Signatu	Signature of Executive Director	Date 3/28/12 Signati	Signature of Public Housing Director	g Director	Date

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Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 08/31/2011

PHA Name: Willineartic Housing Authority Carrat Free and Number Carret Free Name Federal Free Free Name Federal Free	Part II: Supporting Pages								X	
Part Number General Description of Major Work A-Wide A-Wide Categories Categories A-Wide Categories Account No. Categories Categori	PHA Name: Willimantic		Grant Typo Capital Fun CFFP (Yes/ Replacemen	e and Number d Program Grant No: 'No): nt Housing Factor Gr	: CT26P010501. ant No:	-10	Federal F	FY of Grant: 20	10	
DE ADMINISTRATION 1410 200000 20000 20000 200000 20000 200000 20000 20000 200000 20000 20000 200	Development Number Name/PHA-Wide	General Description of Major W Categories		Development Account No.	Quantity	Total Estima	ited Cost	Total Actual (Cost	Status of Work
ADMINISTRATION 1410 200000 2000000 200000 200000 200000 200000 200000 200000 2000000 200000 200000 200000 200000 200000 200000 2000000 200000 200000 200000 200000 200000 200000 2000000 200000 200000 200000 200000 200000 200000 2000000 200000 200000 200000 200000 200000 200000 2000000 200000 200000 200000 200000 200000 200000 2000000 200000 200000 200000 200000 200000 200000 2000000 200000 200000 200000 200000 200000 2000000 2000000 200000 200000 2000000 2000000 2000000 2000000 2000000 2000000 2000000 2000000 2000000 2000000 2000000 2000000 2000000 20000000 20000000 20000000 20000000 20000000 200000000						Original	Revised 1	Funds Obligated ²	Funds Expended ²	
OPERATIONS 1406 3000 30000 30000 30000 30000 30000 30000 0	PHA-WIDE	ADMINISTRATION		1410		20000		20000	20000	COMPLETED
SITE LIGHTING UPGRADE 1450 30000 110000 0 0 0 0 0 0	PHA-WIDE	OPERATIONS		1406		30000		30000	30000	COMPLETED
ELECTRICAL UPGRADE 1465.1 0 73300 0 0 EMERGENCY GENERATOR 1465.1 0 120000 0 0 Image: Control of the properties of the propert	CT-010-001	SITE LIGHTING UPGRADE		1450	5)	30000	110000	0	0	PLANNING STAGE
EMERGENCY GENERATOR 1465.1 0 120000 0 0 0	CT-010-001	ELECTRICAL UPGRADE		1465.1	Ť	0	73300	0	0	FROM 2012
	CT-010-005	EMERGENCY GENERATOR		1465.1		0	120000	0	0	FROM 909
		0			i					

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Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

U.S. Department of Housing and Urban Development
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16 1495.1 Relocation Costs	15 1492 Moving to Work Demonstration	14 1485 Demolition	13 1475 Non-dwelling Equipment	12 1470 Non-dwelling Structures	11 1465.1 Dwelling Equipment—Nonexpendable	10 1460 Dwelling Structures	9 1450 Site Improvement	8 1440 Site Acquisition	7 1430 Fees and Costs	6 1415 Liquidated Damages	5 1411 Audit	4 1410 Administration (may not exceed 10% of line 21)	3 1408 Management Improvements	2 1406 Operations (may not exceed 20% of line 21) ³	1 Total non-CFP Funds		Line Summary by Development Account	Type of Grant ☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies X Performance and Evaluation Report for Period Ending: 3/31/2012	PHA Name: Grant Type and Number Capital Fund Program Grant No: CT26P010501-11 Replacement Housing Factor Grant No: Date of CFFP:	Part I: Summary
			30000	15000	100000	150418				8		35000	25000	30000		Original			P010501-11	
			30000	15000	100000	105277						35000	25000	30000		Revised ²	Total Estimated Cost	Revised Annual Statement (revision no: Final Performance and Evaluation Report		
												25000		30000	*	Obligated		t (revision no: aluation Report		
			7													Expended	Total Actual Cost 1		FFY of Grant: 2011 FFY of Grant Approval:	

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Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

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Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

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Part II: Supporting Pages									
PHA Name: Willimantic Housing Authority		Grant Type and Capital Fund Prog CFFP (Yes/ No): Replacement Hou	Grant Type and Number Capital Fund Program Grant No: CT26P010501-11 CFFP (Yes/ No): Replacement Housing Factor Grant No:	: CT26P010501 ant No:	11:	Federal F	Federal FFY of Grant: 2011	011	
Development Number Name/PHA-Wide	General Description of Major Work Categories	Vork	Development Account No.	Quantity	Total Estima	Estimated Cost	Total Actual Cost	Cost	Status of Work
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA-WIDE	ADMINISTRATION		1410		35000	35000			
PHA-WIDE	COMPUTER SYSTEM UPGRADE	E	1408		25000	25000			
PHA-WIDE	OPERATIONS		1406		30000	30000			
CT-010-002 & 005	PAINT CONGREGATE ADDITION	NC	1470		15000	15000			
CT-010-002 & 005	THERMOPANE REPLACEMENT	T	1460		10000	10000			
CT-010-001, 002 005	TRACTOR FOR GROUNDS & SNOWPLOWING		1475		30000	30000			
CT-010-001	RENOVATE HEAT DISTRIBUTION SYSTEM	ION	1465.1		100000	100000			
CT-010-001	HANDICAP ACCESSIBILITY		1460		140418	95277			
				*					

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Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

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Part I: Summary	summary				
PHA Name:					FFY of Grant: 2012 FFY of Grant Approval:
Willimant	Willimantic Housing Authority Capital Fund Program Grant No: CT26P010501-12 Replacement Housing Factor Grant No: Date of CFFP:	2010501-12			A A A Of Citation California
Type of G	Type of Grant X Original Annual Statement ☐ Reserve for Disasters/Emergencies		Revised Annual Statement (revision no:	ıt (revision no:	
Perfor	n Report f		☐ Final Performance and Evaluation Report	valuation Report	
Line	Summary by Development Account		Total Estimated Cost		Total Actual Cost 1
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) 3	35000			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	25000			
5	1411 Audit				
6	1415 Liquidated Damages	**			
7	1430 Fees and Costs	15782			
∞	1440 Site Acquisition				
9	1450 Site Improvement	20000			
10	1460 Dwelling Structures	200000			
==	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities 4				

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Annual Statement/Performance and Evaluation Report Capital Fund Financing Program Capital Fund Program, Capital Fund Program Replacement Housing Factor and

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Part I: Summary	ummary		FEV of C	EEV of Creat: 2012	
Willimantic Housing Authority	c Grant Type and Number c Capital Fund Program Grant No: CT26P010501-12 Replacement Housing Factor Grant No: Date of CFFP:		FFY of G	FFY of Grant Approval:	
Type of Grant					
X Origina	X Original Annual Statement Reserve for Disasters/Emergencies	ies	☐ Revised Annu	☐ Revised Annual Statement (revision no:	_
Perfor	Performance and Evaluation Report for Period Ending:		☐ Final Perform	Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Esti	Total Estimated Cost	Total A	Fotal Actual Cost 1
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)	*			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	295782			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signatur	Signature of Executive Director	3/28/1c	Signature of Public Housing Director	rector	Date
	1	, ,			

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										PHA-WIDE	PHA-WIDE	P	Development Number Name/PHA-Wide Activities		i di inchi	Part II: Supporting Pages PHA Name: Willimantic Housing Authority
					1		ELECTRICAL SERVICE UPGRADE	CONCRETE REPAIRS	A/E FEES AND COSTS	ADMINISTRATION	OPERATIONS		General Description of Major Work Categories			
							DE						/ork		Capital Fund Prog CFFP (Yes/ No): Replacement Hou	Grant Typ
					d.		1460	1450	1430	1410	1406		Account No.		Capital Fund Program Grant No: CT26P010501-12 CFFP (Yes/ No): Replacement Housing Factor Grant No:	Grant Type and Number
													Quantity		ant No:	
						Y.	200000	20000	15782	25000	35000	Original	1 otal Estima		-12	
												Revised '	Estimated Cost			Federal F
											×	Funds Obligated ²	I Olai Actual Cost	Tatal Astual C		Federal FFY of Grant: 2012
							1					Funds Expended ²	. Cost	1		012
				K									omino of Motiv	Status of Work		

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M.	L.	Κ.		J.	I.	H.	G.	F.	E.		D.	C.	В.			A.		PHA	Part	
Grand Total	Total Non-CFP Funds	Total CFP Funds	Debt Service	Capital Fund Financing -	Development	Demolition	Operations	Other	Administration	Structures and Equipment	PHA-Wide Non-dwelling	Management Improvements	Physical Improvements Subtotal			Name	Development Number and	PHA Name/Number	Part I: Summary	
295782													Annual Statement		FFY: 2012	for Year 1 FFY 2013	Work Statement Work Stater	Locality (City/		
295782		295782			7				10000			29000	256/82				Work Statement for Year 2	Locality (City/County & State)		
295782		295782							10000			29000	256782			FFY 2014	Work Statement for Year 3			
295782		295782							10000			29000	236/82			FFY 2015	Work Statement for Year 4	Original 5- Year Plan		
295/82		295/82	00000		,				10000			29000	236782	267702		FF Y 2016	Work Statement for Year 5			

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Number Work Statement for Year 2 Work Statement for Year 3 FFY: 2013 Work Statement for Year 3 FFY: 2014 Year 1 FFY: 2012 FFY: 2014 FFY:	Part I: Summary (Continuation)		Locality (City/county & State)		Original 5-Year Plan
Jumber Work Statement for Year 2 Work Statement for Year 3 Work Statement for Year 3 Work Statement for Year 3 FFY: 2014 Year 1 FFY: 2014	PHA Name/Number		City/county & state)	W 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1	WI-1- Ctatan
Year 1 FFY: 2012 Annual Statement 39000 39000 221782 70000 0 95000	Development Number and Name	Work Statement for	Work Statement for Year 2 FFY: 2013	Work Statement for Year 3 FFY: 2014	Work Statement for Year 4 FFY: 2015
FFY: 2012 Annual Statement 39000 35000 221782 0 95000 95000		Year 1			
Annual Statement 39000 35000 35000 221782 70000 0 95000		FFY: 2012			
Statement 39000 39000 39000 35000 91782 70000 95000 95000		Annual			-
39000 39000 35000 91782 221782 70000 0 95000		Statement			
35000 91782 221782 70000 0 95000	PHA-WIDE		39000	39000	
221782 70000 0 95000	CT-010-001		35000	91782	
0 95000	CT-010-002		221782	70000	12
	CT-010-005		0	95000	131782

								Statement	Annual	See	2012	Year 1 FFY	Statement for	Work	Part II: Sup
Subtotal of Estimated Cost	OPERATIONS	PHA WIDE ADMINISTRATION	BATHROOM RENOVATIONS	UPGRADE KITCHEN LIGHTING	REPLACE TRASH CHUTE DOORS	RESURFACE HALLWAYS	CT-010-002	RENOVATE PLAYSCAPE	CT-010-001		General Description of Major work Categories	Development Number/Name	FFY	Work Statement for Year 2013	Part II: Supporting Pages - Physical Needs Work Statement(s)
Cost				8		0						Quantity		2013	k Statement
\$295782	10000	29000	101782	20000	9000	91000		35000				Estimated Cost			t(s)
Subtotal of Estimated Cost		OPERATIONS	PHA WIDE ADMINISTRATION	PLUMBING UPGRADE		CT-010-005 REROOF BUILDING		HANDICAPPED ACCESSIBILITY	CT-010-001		Categories		FFY	Work Statement for 2014	
nated Cost												Quantity		2014	f
\$295782		10000	29000	70000		95000		91782				Estimated Cost			0

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			Estimated Cost		00006		70000			96782			29000		10000		\$295782
			Quantity														Cost
	Work Statement for Year: 2016	FFY	Development Number/Name General Description of Major Work Categories		CT-010-005 HEATING SYSTEM UPGRADE	CT-010-002	HEATING SYSTEM RENOVATIONS	CT 010 001	NEW ENTRY DOORS &	STORM DOORS		PHA WIDE	ADMINISTRATION		OPERATIONS		Subtotal of Estimated Cost
(8)			Estimated Cost		75000		131782		50000			29000		10000			\$295782
tatement(s			Quantity													,	st
Part II: Supporting Pages – Physical Needs Work Statement(s)	Work Statement for Year 2015	FFY	Development Number/Name General Description of Major Work Categories		CT-010-002 REFOOF BUILDING	500 010 TO	HEATING SYSTEM UPGRADE		C1-010-002 VENTII I ATION SYSTEM HIPGRADE	THIRD IN THE COURT OF THE COURT	PHA WIDE	ADMINISTRATION		OPERATIONS			Subtotal of Estimated Cost
Part II: Sup	Work	Statement for	Year 1 FFY	See	Annual Statement												?

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Housing Authority of the City of Willimantic	
Program/Activity Receiving Federal Grant Funding	
Public Housing Program	
Acting on behalf of the above named Applicant as its Authorize the Department of Housing and Urban Development (HUD) regard	ed Official, I make the following certifications and agreements to ding the sites listed below:
I certify that the above named Applicant will or will continue to provide a drug-free workplace by: a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition. b. Establishing an on-going drug-free awareness program to inform employees (1) The dangers of drug abuse in the workplace; (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace. c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.; d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will	(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction e. Notifying the agency in writing, within ten calendar day after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction Employers of convicted employees must provide notice, including position title, to every grant officer or other designee of whose grant activity the convicted employee was working unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant; f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted (1) Taking appropriate personnel action against such as employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactor rily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; g. Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs a. thrust
2. Sites for Work Performance. The Applicant shall list (on separate p HUD funding of the program/activity shown above: Place of Perform Identify each sheet with the Applicant name and address and the program of the	mance shall include the street address, city, county, State, and Zip code
I hereby certify that all the information stated herein, as well as any inf Warning: HUD will prosecute false claims and statements. Conviction may (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)	formation provided in the accompaniment herewith, is true and accurat
Name of Authorized Official	Title

Certification of Payments to Influence Federal Transactions

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

Applicant Name	1
Housing Authority of the City of Willimantic	
Program/Activity Receiving Federal Grant Funding	
Capital Improvements	
The undersigned certifies, to the best of his or her knowledge and	belief, that:
(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement. (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.	(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.
Name of Authorized Official	Title
Michael J. Westerfield	Executive Director
Signature	Date (mm/dd/yyyy)

Previous edition is obsolete form HUD 50071 (3/98)

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB 0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352 (See reverse for public burden disclosure.)

3. Report Type: 2. Status of Federal Action: 1. Type of Federal Action: a. initial filing a. bid/offer/application a. contract B b. material change b. initial award b. grant For Material Change Only: c. post-award c. cooperative agreement year quarter _____ date of last report e. loan guarantee f. loan insurance 5. If Reporting Entity in No. 4 is a Subawardee, Enter Name 4. Name and Address of Reporting Entity: and Address of Prime: Subawardee × Prime Tier____, if known: Housing Authority of the City of Willimantic 49 West Avenue Willimantic, CT 06226 Congressional District, if known: 4c Congressional District, if known: 7. Federal Program Name/Description: 6. Federal Department/Agency: Dept. of Housing & Urban Development CFDA Number, if applicable: _____ 9. Award Amount, if known: 8. Federal Action Number, if known: \$ N/A Unknown b. Individuals Performing Services (including address if 10. a. Name and Address of Lobbying Registrant different from No. 10a) (if individual, last name, first name, MI): (last name, first name, MI): **NAHRO** N/A New England NAHRO ConnNahro 11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact Signature: Print Name: Michael J. Westerfield upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This Title: Executive Director information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and 4/2/2012 Telephone No.: 860-456-1413 not more than \$100,000 for each such failure. Date: Authorized for Local Reproduction Federal Use Only: Standard Form LLL (Rev. 7-97)

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

- 1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
- 2. Identify the status of the covered Federal action.
- 3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
- 4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
- 5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
- 6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizationallevel below agency name, if known. For example, Department of Transportation, United States Coast Guard.
- 7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
- 8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
- 9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
- 10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.
 - (b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
- 11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

PHA Certifications of Compliance with PHA Plans and Related Regulations

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the _____ 5-Year and/or____ Annual PHA Plan for the PHA fiscal year beginning ______, hereinafter referred to as" the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.

2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.

3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.

4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.

5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.

6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.

7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.

8. For PHA Plan that includes a policy for site based waiting lists:

• The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);

• The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;

Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a
pending complaint brought by HUD;

 The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;

• The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).

9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.

10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.

11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable. 13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a). 14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively. 15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act. 16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements. 17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35. 18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments). 19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan. 20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA. 21. The PHA provides assurance as part of this certification that: (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA; (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours. 22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements. PHA Number/HA Code PHA Name 5-Year PHA Plan for Fiscal Years 20 - 20

Annual PHA Plan for Fiscal Years 20 20	
I hereby certify that all the information stated herein, as well as any information provi	ded in the accompaniment herewith, is true and accurate. Warning: HUD will
prosecute false claims and statements. Conviction may result in criminal and/or civil r	penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)
Name of Authorized Official	Title
MICHAEL J. WESTERFIELD	EXECUTIVE PIRECTOR
Signature Mall Devil	Date 3/29/17
1/100	

Civil Rights Certification

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

CT010

PHA Number/HA Code

Date 04/02/2012

Civil Rights Certification

PHA Name

Signature

Annual Certification and Board Resolution

Willimantic Housing Authority

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

I hereby certify that all the information prosecute false claims and statements.	stated herein, as well as any information pro- Conviction may result in criminal and/or civil	vided in the accompaniment herewith, penalties. (18 U.S.C. 1001, 1010, 101	is true and accurate. Warning: HUD will 12; 31 U.S.C. 3729, 3802)
Name of Authorized Official	Michael J. Westerfield	Title	Executive Director